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PATENT
ATTORNEY DOCKET NO. 01996/005001

Certificate of Mailing: Date of Deposit: April 20, 2005

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Christine M. Colbert

Printed name of person mailing correspondence

Christine M. Colbert
Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	James P. Koch	Art Unit:	3764
Serial No.:	09/400,817 ✓	Examiner:	Michael A. Brown
Filed:	September 22, 1999	Customer No.:	21559
Title:	CUSTOM MOLDED CERVICAL CAP AND METHOD AND KIT FOR FORMING SAME		

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS INQUIRY

Applicant hereby request acknowledgement of the Revocation and New Power of Attorney that was filed on August 31, 2004 and request association of the above-captioned application with Customer No. 21559. As Office correspondence is still being sent to the previous agent of record, Applicant also request confirmation of the Change of

Correspondence Address which was filed on October 27, 2004 for this matter.

Copies of these documents are provided herewith.

Respectfully submitted,

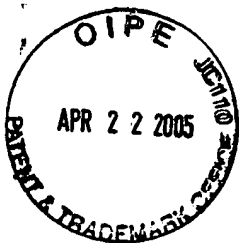
Date:

April 20, 2005

Paul T. Clark

Reg. No. 30,162

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Facsimile: 617-428-7045



PATENT
ATTORNEY DOCKET NO. 01996/005001

Certificate of Mailing: Date of Deposit: August 31, 2004

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Janet D'Annunzio-Ellis
Printed name of person mailing correspondence

Janet D'Annunzio-Ellis
Signature of person mailing correspondence

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P.O. Box 1450
Alexandria, VA 22313-1450

REVOCATION AND NEW POWER OF ATTORNEY

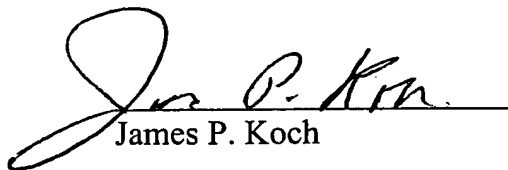
I, an inventor named in the above-captioned application, which is unassigned, hereby revoke all powers of attorney previously granted in the application and appoint the attorneys and/or agents associated with customer number **21559** with full power of substitution and revocation, to prosecute the application and to transact all business in the United States Patent and Trademark Office connected therewith.

All correspondence regarding the application should be sent to the address associated with customer number **21559**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Respectfully submitted,

Date: August 19, 2004


James P. Koch



PROSECUTION

PATENT
ATTORNEY DOCKET NUMBER: 01996/005001

The U.S. PTO date stamp sets forth the date of receipt of:

Applicant/Patentee: James P. Koch

Serial/Patent Number: 09/400,817

Filed/Issued: September 22, 1999

Title: CUSTOM MOLDED CERVICAL CAP AND METHOD AND APPARATUS FOR FORMING SAME

<input type="checkbox"/> Transmittal Letter	Pages: _____	<input type="checkbox"/> Declaration & POA	Pages: _____
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<input checked="" type="checkbox"/> Reply to Office Action	Pages: 11	<input type="checkbox"/> Preliminary Amendment	Pages: _____
<input type="checkbox"/> Petition for Extension	Pages: _____	<input type="checkbox"/> IDS	Pages: _____
<input checked="" type="checkbox"/> Notice of Appeal	Pages: 2	<input type="checkbox"/> Form PTO-1449	Pages: _____
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**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/400,817
Filing Date	September 22, 1999
First Named Inventor	James P. Koch
Group Art Unit	3764
Examiner Name	Michael Gregory Brown
Attorney Docket Number	01996-005001

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number:☒ Firm or
Individual Name Clark & Elbing

Address 101 Federal Street

Address

City Boston

State MA

Zip 02110

Country United States of America

Telephone (617) 428-0200

Fax (617) 428-7045

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I am the :

☐ Applicant/Inventor.☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.☒ Attorney or agent of record. Registration Number 33,524☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 33,524Typed or Printed
Name

Celia H. Leber

Signature

Date

October 27, 2004

Telephone (617) 542-5070

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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Date of Deposit: October 27, 2004

Signature:

Darlene J. Morin

Typed Name of Person Signing Certificate: Darlene J. Morin